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DIAMOND I.D.™

Mailed 2/6/08 (Kmc)

L.I.B. INSURANCE REPORT FORM.

OFFICIAL

Week of: 1/10 - 1/16/01

Customer Name	D.I.D. Registration Number	Total Amount Insured	Premium Payment Enclosed	Attached Paperwork
1		3100.50	62.01	1/4
2		6678.00	133.56	1/16
3		2329.00	47.58	1/19
4		7171.60	143.43	1/12
5		5559.70	111.19	1/18
6		10000.00	200.00	1/14
7		3975.00	79.50	1/15
8				
9				
10				
Totals		\$ 38863.80	\$ 777.27	

CUSTOMER RETURNS AND CANCELLATIONS

Customer Name	D.I.D. Registration Number	Date of Purchase	Date of Return/Cancellations	Attached *** Paperwork
1		12/20/00	1/9/01	
2		10/18/00	1/9/01	
3				

** DID Protection Plan Registration Form Copy and Lab Certificate for each "N" registration.

** DID Protection Plan Registration Form Copy and Lab Certificate (if available) and insured item appraisal for each "CO" registration.

*** DID Protection Plan Return/Cancellation Form copy for each "N" and "CO" Registration

Any questions:
Call Diamond I.D.™
860-233-3685
At: Lowell Lippman

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